

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/308770

FILED

25 May 91

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2				1		
3				1		
4				1		
5				1		
6	5		5			
7	0		5			
8	0		1			
9	0		1			
10	0		1			
11	0		1			
12	0		1			
13	0		1			
14	0		1			
15	0		1			
16	0		1			
17	0		1			
18	0		1			
19	0		1			
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48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	22		31			
TOTAL CLAIMS	23		32			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						